(to be used for	100 E	ersons are required to respond to a confidence of Application Number  Filing Date  First Named Inventor  Art Unit  Examiner Name	10/768 Janua Kazuh 3679	ry 30, 2004 nito Kasahara et al . Nicholson				
ENCLOSURES (Check all that apply)								
Amendm A A Extension Express Information Certified Documer Reply to Incompte		Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence.  Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table on Clemarks	Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Return Receipt Postcard				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Signature Printed name Date	Andrus, Sceales, Sta Peter T. Holsen April 28, 2005	d-	Reg. No.	54,180				
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with								

Aleshia T. Prange Typed or printed name

the date shown below:

Signature

April 28, 2005 Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Fees Paid (\$)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/768,500		
FEE TRANSMITTAL	Filing Date	January 30, 2004		
For FY 2005	First Named Inventor	Kazuhito Kasahara et al		
Applicant plains amall actity status. See 27 CER 1.27	Examiner Name	Eric K. Nicholson		

Art Unit

3679 TOTAL AMOUNT OF PAYMENT (\$) \$450.00 488-00065 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP Deposit Account Deposit Account Number: 01.2000 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 360 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee Paid (\$) Extra Claims Fee (\$) . 3 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) \$0.00

Other: Pe	tition for Extension of	Time (two months)		\$450.00
SUBMITTED BY		2		
Signature	14ter TATAL	Registration No. (Attorney/Agent)	54,180	Telephone 414-271-7590
Name (Print/Type)	Peter T. Holsen			Date April 28, 2005

Non-English Specification, \$130 fee (no small entity discount)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.